

48
8/27/02
v/f

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DESMOND V. GAYLE
Plaintiff,

v.

WARDEN HOGAN and
DEPUTY BOWEN,
Defendants.

CIVIL NO. 01-CV-01-1282

(JUDGE WILLIAM W. CALDWELL)

FILED
HARRISBURG, PA

AUG 22 2002

AFFIDAVIT OF DENNIS BOWEN, DEPUTY WARDEN

Dennis Bowen, being duly sworn, deposes and says:

My name is Dennis Bowen. I am a Defendant in the above-captioned lawsuit. I reside in York County, Pennsylvania and serve as a Deputy Warden of the York County Prison. This affidavit is based on my personal Knowledge and information. I am competent to testify and would state as follows if called as a witness at trial:

1.

On March 12, 2001, I was employed at the York County Prison as a Deputy Warden. Desmond V. Gayle was a duly admitted INS inmate in the prison on, before and after March 12, 2001.

2.

On March 12th and thereafter, I reviewed appeals in the disciplinary system established at the York County Prison.

3.

On March 12, 2001, Desmond V. Gayle became in a fight with another inmate. During the fight Gayle threw Comet in the eyes of the other inmate and beat him with a broomstick.

4.

The matter was presented in a disciplinary hearing on March 15, 2001. During this hearing Gayle plead not guilty, but admitted that he did throw Comet in the other inmate's face and hit him with the broom handle. The broom handle was broken during the beating. The fighting ended when the other inmate left to wash the comet from his eyes. Gayle was placed in the BAU. (See attached disciplinary records Exhibit "A")

5.

The evidence presented established that Gayle exchanged "heated words" with the other inmate, left the area, armed himself with Comet cleanser and a broomstick and then returned and voluntarily became engaged in combat with the other inmate.

6.

At the hearing Gayle was found guilty of assault with a weapon and sentence to sixty (60) days in the BAU. He was given four (4) days credit for time served.

7.

Gayle appealed the decision of the hearing officer. I reviewed the matter and found that he had committed a premeditated assault on the other prisoner by throwing scouring powder in his eyes and by beating him with a stick. I denied his appeal.

8.

I had no further contact with inmate Gayle as concerns the matters raised in the complaint, which he filed against me in the above-captioned action.

9.

I was not aware of or participated in the care Gayle received in the medical section of the prison.

10.

I know of no constitutional violations that were committed as a result of the treatment received by inmate Gayle while confined in the York County Prison.

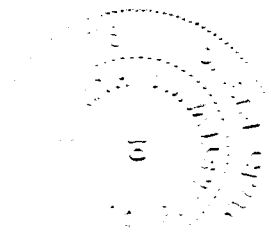
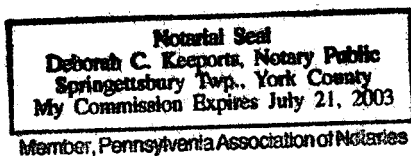
Dated: 8/14/02

Dennis Bowen
Dennis Bowen

Sworn and subscribed to
Before me this 14th day
Of August, 2002.

Deborah C. Keepers
Notary Public

My Commission Expires:



YORK COUNTY PRISON
DISCIPLINARY HEARING APPEAL
DEPUTY WARDEN RESPONSE

TO: DESMOND GAYLE
Inmate Name

DATE: 16 MARCH 2001

IEB-1B
Inmate Location

I have reviewed your appeal and my response is as follows:

*yes, you were head-butted and received a busted
lip. In response, you threw scouring powder in the
other inmates eyes and beat him with the broken
broomhandle. I will make no change in the
decision of the disciplinary hearing committee.
Appeal is therefore denied.*

Dennis Bowen
Deputy Warden

YORK COUNTY PRISON

DISCIPLINARY HEARING COMMITTEE
APPEAL FORMDATE: MARCH/15/2001Inmate's Name: DESmond GAYLE Pouch # 55438
(Print Name)I Hereby appeal the decision of the Disciplinary Hearing Committee dated MARCH/15/2001for the Disciplinary Report charging me with: ① ASSAULT With A WEAPON
② ASSAULT on ANOTHER InmateBASIS FOR APPEAL I WAS Treated At medical 3/15/01

Inmate Tang Buck me and burst my lips, when he attacked me.
Officer Ross A Crist even told
Captain Bowers in my presence, that
I am not A trouble maker, And I gives
No trouble, No Problems on his unit
Block. Inmate TANG threaten me, then
Continuously charged And Attacked me.
By the help of God I defended my self quickly.
Please obtained A personal report From officer

Indicate what action you are requesting be taken in this matter: ROSS About my Behavior.

Inmate "True" located at "NSD-BED 3A" he encouraged,
And told Tang to Attacked me, he is the Root of the problem
Because it was Self-defense! Please Could you take off

Appeals must be submitted to the Senior Deputy Warden within ten (10) days of the D.H.C. decision.

thirtyfive DAYS off my sentence, or dismissed the
charges AGAINST me, please! Sir Please, I Beg you.

Signature of Inmate

D. V. Gayle

Date

MARCH/15/2001

YORK County Prison
3400 Concord Rd
YORK, P.A. 17402
Date MARCH, 15, 2001
ID # 55438
Signature J. N. Gayle
J. A. Gayle

Tang Fear True
And what ever
True said "goes"
True is the reason, and
root, Why I am in B.A.U at this moment.

Dear MR. Roger Thomas, Deputy Warden

True Located at
NSD-Bed 3A

Good Day sir!

I WAS on Clean-up that DAY of the incident, so therefore the Comet WAS in my position. it WAS my turn to Clean the toilet, sink, and shower. the Broom WAS just standing inside the Day Room, When I happen to saw it there.

I ~~mate~~ True runs the pod, he decide what the pod watch on TV And what we dont watch. If A movie on channel 7, And he said that, he seen it Already, then Nobody else get to watch that movie on channel 7. True told Tang to thacked me, Without Delay, he said it in a loud voice. every body heard True said it.

YORK COUNTY PRISON

DISCIPLINARY HEARING REPORT

INMATE'S NAME: D. Gayle POUCH # 55438DISCIPLINARY DATE: 3/12/01 HEARING DATE: 3/15/01

You have been charged with the rules violation(s) listed on the disciplinary report you received on the DISCIPLINARY DATE listed above.

Inmate's Plea:

Charge 1: () GUILTY (X) NOT GUILTY () DROPPED Charge 5: () GUILTY () NOT GUILTY () DROPPED
 Charge 2: () GUILTY (X) NOT GUILTY () DROPPED Charge 6: () GUILTY () NOT GUILTY () DROPPED
 Charge 3: () GUILTY () NOT GUILTY () DROPPED Charge 7: () GUILTY () NOT GUILTY () DROPPED
 Charge 4: () GUILTY () NOT GUILTY () DROPPED Charge 8: () GUILTY () NOT GUILTY () DROPPED

SUMMARY OF TESTIMONY BY INMATE: I'm admitted that he

did throw cement in the other In's face +
he did hit the other In with a broom. I'm
glad that the problem is resolved.

TESTIMONY OF INMATE WITNESSES: _____

TESTIMONY OF STAFF REPRESENTATIVE: _____

INMATE'S NAME: D. GaylePOUCH # 55438

THE INMATE WAS FOUND:

Charge 1: ☒ GUILTY () NOT GUILTY () DROPPED Charge 5: () GUILTY () NOT GUILTY () DROPPED
 Charge 2: ☒ GUILTY () NOT GUILTY () DROPPED Charge 6: () GUILTY () NOT GUILTY () DROPPED
 Charge 3: () GUILTY () NOT GUILTY () DROPPED Charge 7: () GUILTY () NOT GUILTY () DROPPED
 Charge 4: () GUILTY () NOT GUILTY () DROPPED Charge 8: () GUILTY () NOT GUILTY () DROPPED

THE DECISION WAS FOUND BASED ON THE PREPONDERANCE OF EVIDENCE AS OUTLINED BELOW:

Based on the content of the
report and inmate Gayle's admission
during testimony that the report
was true.

HEARING BOARD MEMBERS

[Signature]
 Signature of Hearing Board Chairman

3/15/01
 Date

[Signature]
 Signature of Hearing Board Member

3-15-01
 Date

[Signature]
 Signature of Hearing Board Member

3/15/01
 Date

ORK COUNTY PRISON SANCTION REPORT

Inmate's Name: Desmond Gayle Pouch # 55438

As a result of a Disciplinary Report dated: 3/12/01 and the Disciplinary Hearing

Committee's findings of guilt on 3-15-01 the following sanction(s) is/are imposed:
(Date of Hearing)

() Hearing is being conducted after 3 days due to _____

☒ Commitment to the Behavioral Adjustment Unit for a period of 60 days. *NORMAL/REVIEW*

☒ You will receive credit for 4 days already served in the Behavioral Adjustment Unit.

() This sentence is () concurrent with () consecutive to any other Behavioral Adjustment Unit term.

() Other: # of days _____ () Pod () Recreation () Phone Restriction. Credit days _____

() You will be eligible for normal activities and/or reclassification on _____ (Space permitting)

() Other: _____

I have a right to receive a written copy of the charges against me at least 24 hours prior to appearing before the Disciplinary Hearing Committee. I wish to waive that right.

Signature of Inmate

Date

Witness Signature (If inmate refuses to sign)

Date

I hereby acknowledge that I have been advised of my rights that were afforded me at my hearing before the Disciplinary Hearing Committee and have chose to: ☒ TESTIFY () REMAIN SILENT

☒ Signature of Inmate

☒ Date

Carl Weeper
Witness Signature (If inmate refuses to sign)

3-15-01
Date

Scott K.
Signature of Hearing Board Chairman

3/15/01
Date

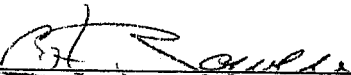
APPEAL RIGHTS: You may appeal the decision of the Disciplinary Hearing Committee with regard to the "guilty" finding and/or the sanction(s) imposed. Appeals should be directed to the Senior Deputy Warden within ten (10) days of the decision of the Disciplinary Hearing Committee.

Other staff or inmates present during incident

INVESTIGATIVE OFFICERS REPORT:

INMATE DESMOND GAYLE #5543A WAS
 PLACED IN BAC (BEHAVIORAL ADJUSTMENT UNIT)
 ON 23HR LOCKUP (IEB-1B) UNTIL SEEN BY THE
 HEARING COMMITTEE. INMATE WAS ALSO SEEN BY
 MEDICAL & TREATED (SEE ATTACHED DAILY)

FORWARDED TO THE WARDEN.



Signature and Title of Investigating Officer

MAR 12, 2001

Date

CH. GAYLE
 GAYLES

Printed Name of Investigating Officer

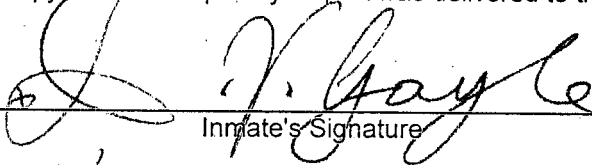
APPROX: 2:30 PM

Time

A copy of this Disciplinary Report was delivered to the inmate on:

3/12/01 - APPROX: 8:00 AM

Date and Time



Inmate's Signature



Signature of Officer delivering copy to inmate

YORK COUNTY PRISON

NOTIFICATION OF HEARING

AND

REQUEST FOR WITNESS AND/OR STAFF REPRESENTATION

Inmate Name: DESMOND GAYLE #55438Hearing Date: MAR 17 2001 Hearing Time: APPROX 9:00 AM**NOTICE TO INMATE:**

YOUR HEARING WILL BE CONDUCTED WITHIN THREE (3) WORKING DAYS FROM THE DATE OF YOUR DISCIPLINARY REPORT, EXCLUDING WEEKENDS AND HOLIDAYS. YOU HAVE THE RIGHT TO BE PRESENT AT YOUR HEARING. YOU HAVE THE RIGHT TO HAVE WITNESSES AT YOUR HEARING. IF YOU HAVE WITNESSES, YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE HEARING COUNSELOR NO LATER THAN 9:00 AM ON THE FIRST WORKING DAY AFTER YOU RECEIVE YOUR NOTIFICATION OF HEARING.

() I request inmate witnesses as indicated below. *(No more than three (3) inmate witnesses will be considered)*

() I request a staff representative - Name of staff member: _____

() I do not request any inmate witness(es) or staff representation.

(If you are requesting inmate witnesses, you must state the relevance and the importance of the testimony the witness will provide. Staff representation will not act as an Attorney during your hearing and will offer no legal advice or request a finding of guilty or not guilty and will not influence the decision of the D.H.C. Staff members may only vouch for your work performance and adjust and provide any other factual information with regard to the specific infraction).

List the names of the inmate witnesses and the information they are expected to provide.

1.) _____

2.) _____

3.) _____

Inmate Signature

D. V. Gayle

Date

MARCH 13 2001

Witness Signature (If Inmate Refuses to sign)

Date

**YORK COUNTY PRISON
DISCIPLINARY REPORT**

B

INMATE'S NAME: Desmond Gayle POUCH # 55438
 DATE OF INCIDENT: 3/12/01 TIME OF INCIDENT: Approx: 1:10 pm
 LOCATION OF INCIDENT: New South Block Dpod dayroom

CHARGES

CHARGE 1: Assault with a weapon CODE: 1 #13
 CHARGE 2: Assault on another inmate CODE: 1 #12
 CHARGE 3: _____ CODE: _____
 CHARGE 4: _____ CODE: _____

DESCRIPTION OF INCIDENT

Gayle stated he was calling Thuan tang a "Cock Sucker" while tang was calling Gayle a "Bitch" Both inmates went to their cells. Gayle got a container of comet and went back to the dayroom. Tang came back to the dayroom and charged at Gayle. The two separated, Gayle threw the comet on tangs face and body. Gayle then picked up the broom and broke it into two. Gayle then hit Tang several times on the head body and arms. the broom broke again. Tang ran up the stairs, and started washing the Comet from his eyes. I walked Gayle from the pod put hand cuffs on him. Then took him to the Cross halls. I notified Capt Bowers.

Ross A Crist
 Signature of Officer preparing report

Ross Crist
 Print name of reporting officer

3/12/01
 Date report was prepared

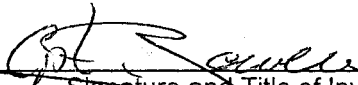
2:00pm
 Time report was prepared

Other staff or inmates present during incident

INVESTIGATIVE OFFICERS REPORT:

INMATE DESMOND GAYLE #55438 WAS
PLACED IN BAC (BEHAVIORAL ADJUSTMENT UNIT)
ON 23HR LOCKUP (IEB-1B) UNTIL SEEN BY THE
HEARING COMMITTEE. INMATE WAS ALSO SEEN BY
MEDICAL + TREATED (SEE ATTACHED DAILY)

FORWARDED TO THE WARDEN.



Signature and Title of Investigating Officer

MAR 12, 2001

Date

Cpt. G. J. GOWERS

Printed Name of Investigating Officer

APPROX: 2:30 PM

Time

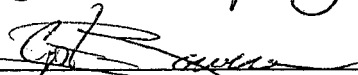
A copy of this Disciplinary Report was delivered to the inmate on:

3/12/01 - APPROX 8:00 AM

Date and Time



Inmate's Signature



Signature of Officer delivering copy to inmate

**YORK COUNTY PRISON
NOTIFICATION OF HEARING
AND**

REQUEST FOR WITNESS AND/OR STAFF REPRESENTATION

Inmate Name: Desmond Gayle #55438

Hearing Date: MAR 17 2001 Hearing Time: Approx 9:00 AM

NOTICE TO INMATE:

YOUR HEARING WILL BE CONDUCTED WITHIN THREE (3) WORKING DAYS FROM THE DATE OF YOUR DISCIPLINARY REPORT, EXCLUDING WEEKENDS AND HOLIDAYS. YOU HAVE THE RIGHT TO BE PRESENT AT YOUR HEARING. YOU HAVE THE RIGHT TO HAVE WITNESSES AT YOUR HEARING. IF YOU HAVE WITNESSES, YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE HEARING COUNSELOR NO LATER THAN 9:00 AM ON THE FIRST WORKING DAY AFTER YOU RECEIVE YOUR NOTIFICATION OF HEARING.

() I request inmate witnesses as indicated below. *(No more than three (3) inmate witnesses will be considered)*

() I request a staff representative - Name of staff member: _____

() I do not request any inmate witness(es) or staff representation.

(If you are requesting inmate witnesses, you must state the relevance and the importance of the testimony the witness will provide. Staff representation will not act as an Attorney during your hearing and will offer no legal advice or request a finding of guilty or not guilty and will not influence the decision of the D.H.C. Staff members may only vouch for your work performance and adjust and provide any other factual information with regard to the specific infraction).

List the names of the inmate witnesses and the information they are expected to provide.

1.) _____

2.) _____

3.) _____

Desmond Gayle
Inmate Signature

2 MARCH 13 2001
Date

Witness Signature (If Inmate Refuses to sign)

Date

YORK COUNTY PRISON

OFFICERS DAILY REPORT

Officers Name: WFO Maria J. Stuenkel

Date of Report: 3/12/01

Offense or Subject Being Reported: ^{W/m} Tang, Tuan → ^{W/m} Gayle, Diamond

Date of Incident: 3/12/01

Time of Incident: 145

Who Involved: as above

Where it Happened (Be Specific): NS. rec room

What happened and how, if known:

(This space can be used for reporting General Daily Duties also)

Both W/m's brought to medical S/p altercation.
Both W/m's evaluated & medical reports
(see attached) and cleared for lock-up.

Officer's Signature: Maria J. Stuenkel

This report to be submitted to and commented or acted upon, by the Supervisor before forwarding to the Warden.

Supervisor's Comments: A COPY OF THIS REPORT WAS PLACED IN HIS MEDICAL FILE. FORWARDED TO THE WARDEN. Cpt. [Signature]

This form **NOT** to be used for reporting incidents **requiring disciplinary acts**. Use the Y.C.P. form #112 "Disciplinary Report" for all known violations that may require disciplinary action.

YORK COUNTY PRISON

DISCIPLINARY HEARING REPORT

INMATE'S NAME: D. Gayle POUCH # 55438
 DISCIPLINARY DATE: 3/12/01 HEARING DATE: 3/15/01

You have been charged with the rules violation(s) listed on the disciplinary report you received on the DISCIPLINARY DATE listed above.

Inmate's Plea:

Charge 1: () GUILTY (X) NOT GUILTY () DROPPED Charge 5: () GUILTY () NOT GUILTY () DROPPED
 Charge 2: () GUILTY (X) NOT GUILTY () DROPPED Charge 6: () GUILTY () NOT GUILTY () DROPPED
 Charge 3: () GUILTY () NOT GUILTY () DROPPED Charge 7: () GUILTY () NOT GUILTY () DROPPED
 Charge 4: () GUILTY () NOT GUILTY () DROPPED Charge 8: () GUILTY () NOT GUILTY () DROPPED

SUMMARY OF TESTIMONY BY INMATE: I'm admitted that I

did throw comet in the other In's face +
he did hit the other In with a broom. I'm
states that the problem is resolved.

TESTIMONY OF INMATE WITNESSES: _____

TESTIMONY OF STAFF REPRESENTATIVE: _____

YORK COUNTY PRISONOFFICERS DAILY REPORTPatOfficers Name: Sgt Matthew Reed #125Date of Report: 4/17/2000Offense or Subject Being Reported: SuicideDate of Incident: 4/17/2000Time of Incident: 8:14 PMWho Involved: I/M Gayle, Desmond #55438Where it Happened (Be Specific): Cross Halls BAU B4

What happened and how, if known:

(This space can be used for reporting General Daily Duties also)

On the above date and time, I/M Gayle in BAU B-4 called me over to his during a routine 15 minute clock round. He stated he (I/M Gayle) was hearing his father calling him. He (I/M Gayle) then stated I cannot make the voices stop, and he then stated he came from a mental hospital. He (I/M Gayle) then handed 3 request forms and asked for me (Sgt Reed) to make sure Pat Galiger recieved them. I then asked I/M Gayle if he was going to hurt himself and I/M Gayle stated "I am going to hurt myself tonight."

I then wrote this report and contacted

Captain Becker

Officer's Signature: M. Reed #125

This report to be submitted to and commented or acted upon, by the Supervisor before forwarding to the Warden.

Supervisor's Comments: INMATE GAYLE STATED THAT HE WAS HEARING HIS FATHERS VOICE. HE STATES THAT HE DID NOT GET ALONG WELL WITH HIS FATHER AND HE MAY BECOME VIOLENT. HE ALSO STATED TO ME THAT HE DEFINATELY WANTED TO KILL HIMSELF.

This form **NOT** to be used for reporting incidents **requiring disciplinary acts**. Use the Y.C.P. form #112 "Disciplinary Report" for all known violations that may require disciplinary action.

INMATE WAS PLACED IN B.A.U. - B4 ON FULL SUICIDE PRECAUTION form #110 WITH A 15 MINUTE CHECK SHEET. COPY TO PAT GALLAGHER, J. W. THOMAS, AND J. W. BOWEN. FORWARDED TO THE WARDEN.

(SEE ATTACHED REQUEST SCIPS)

Capt. L. L. Reed

YORK COUNTY PRISON - "REQUEST FORM"

Date Written:

APRIL 17/2000

Instructions to Resident: (READ CAREFULLY)

1. State your request in DETAIL. Be SPECIFIC as to just WHAT YOU WANT. It MUST be something your BLOCK OFFICER can NOT handle for you.
2. LEGAL ADVICE MUST come from YOUR ATTORNEY. DO NOT ASK US for any legal advice.
3. If known, state WHO you wish to see or contact and WHY.

WRITE YOUR REQUEST HERE: -

I ~~state~~ started hearing voices since Saturday Morning. I am back up right now the medication not working

Resident MUST SIGN: DESMOND

and LIST HOUSING: BAU 64

and LIST 5 DIGIT I.D.#

GAYLE

55438

REPLY TO REQUEST WILL BE WRITTEN HERE:

I am taking Zyprexa medication
at me back at 20 mg
in 11 days

some times feel ASHAME to let others know that I started to get sick once more again

Officer reading REPLY to the resident will sign here:

Note: ALL REPLIES GET FILED IN RECORDS DEPT. when completed. NO EXCEPTIONS.

YORK COUNTY PRISON - "REQUEST FORM"

Date Written:

APRIL 17/2000

Instructions to Resident: (READ CAREFULLY)

1. State your request in DETAIL. Be SPECIFIC as to just WHAT YOU WANT. It MUST be something your BLOCK OFFICER can NOT handle for you.
2. LEGAL ADVICE MUST come from YOUR ATTORNEY. DO NOT ASK US for any legal advice.
3. If known, state WHO you wish to see or contact and WHY.

WRITE YOUR REQUEST HERE: -

Since Saturday morning at Doctor
About 3 AM in the morning I began to hear
Voices of my Father talking to me.

Resident MUST SIGN: DESMOND

and LIST HOUSING:

and LIST 5 DIGIT I.D.#

GAYLE

55438

REPLY TO REQUEST WILL BE WRITTEN HERE:

I just now feel like letting you know that I am hearing voices of my Father

Officer reading REPLY to the resident will sign here:

Note: ALL REPLIES GET FILED IN RECORDS DEPT. when completed. NO EXCEPTIONS.

6. - "REQUEST FORM"

Date Written: APR 12 / 17 / 2000

Instructions to resident (READ CAREFULLY)

1. State your request in **DETAIL**. Be **SPECIFIC** about **WHAT YOU WANT**. It **MUST** be something your **BLOCK OFFICER** can **NOT** handle for you.
2. If known, state **WHO** you wish to see or contact and **WHY**.

WRITE YOUR REQUEST HERE:

I am hearing voices, please transfered me to the Mid-Hudson Psychiatric Hospital. (Urgent)

Resident MUST SIGN: Esmond Gayle

and LIST HOUSING: _____

and PRISON I.D.# 55438

and ALIEN # A74-891-110

PROPERTY TAG# (if known) _____

REPLY TO REQUEST WILL BE WRITTEN HERE:

Officer reading REPLY to the resident will sign here: _____

Note: ALL REPLIES GET FILED IN RECORDS DEPT. when completed. NO EXCEPTIONS.

**YORK COUNTY PRISON
SANCTION REPORT**

Inmate's Name: Desmond Gayle Pouch # 55438

As a result of a Disciplinary Report dated: 3/12/01 and the Disciplinary Hearing

Committee's findings of guilt on 3-15-01 the following sanction(s) is/are imposed:
(Date of Hearing)

() Hearing is being conducted after 3 days due to _____.

☒ Commitment to the Behavioral Adjustment Unit for a period of 60 days. *Normal review*

☒ You will receive credit for 4 days already served in the Behavioral Adjustment Unit.

() This sentence is () concurrent with () consecutive to any other Behavioral Adjustment Unit term.

() Other: # of days _____ () Pod () Recreation () Phone Restriction. Credit days _____.

() You will be eligible for normal activities and/or reclassification on _____. (Space permitting)

() Other: _____.

I have a right to receive a written copy of the charges against me at least 24 hours prior to appearing before the Disciplinary Hearing Committee. I wish to waive that right.

Signature of Inmate

Date

Witness Signature (If inmate refuses to sign)

Date

I hereby acknowledge that I have been advised of my rights that were afforded me at my hearing before the Disciplinary Hearing Committee and have chose to: ☒ TESTIFY () REMAIN SILENT

☒ _____
Signature of Inmate

☒ _____
Date

Carl Neepes
Witness Signature (If inmate refuses to sign)

3-15-01
Date

Scott K.
Signature of Hearing Board Chairman

3/15/01
Date

APPEAL RIGHTS: You may appeal the decision of the Disciplinary Hearing Committee with regard to the "guilty" finding and/or the sanction(s) imposed. Appeals should be directed to the Senior Deputy Warden within ten (10) days of the decision of the Disciplinary Hearing Committee.

INMATE'S NAME:

D. Gayle

POUCH #

55438

THE INMATE WAS FOUND:

Charge 1: ☒ GUILTY () NOT GUILTY () DROPPED Charge 5: () GUILTY () NOT GUILTY () DROPPEDCharge 2: ☒ GUILTY () NOT GUILTY () DROPPED Charge 6: () GUILTY () NOT GUILTY () DROPPED

Charge 3: () GUILTY () NOT GUILTY () DROPPED Charge 7: () GUILTY () NOT GUILTY () DROPPED

Charge 4: () GUILTY () NOT GUILTY () DROPPED Charge 8: () GUILTY () NOT GUILTY () DROPPED

THE DECISION WAS FOUND BASED ON THE PREPONDERANCE OF EVIDENCE AS
OUTLINED BELOW:

Based on the content of the
report AND inmate Gayle's Admission
during testimony that the report
was true.

HEARING BOARD MEMBERS

Signature of Hearing Board Chairman

Date

Signature of Hearing Board Member

Date

Signature of Hearing Board Member

Date

Date/Time	Inmate Name:	ID #	D.O.B.:
3-13-01	Hayle, Desmond	55438	10/10/63
7-3	S-7/p altercation		
	O- ^o /m presents w NAD - exclusive obvious injury - abrasion inside top lip suggestive of a tooth blunt injury. ^o /m C/o tenderness (R) cheekbone area but no edema w erythema present. ⊖ palpable tenderness. Eyes - clear, ESQB, ECP, both hands show no signs of abrasions/bruising/deformities. A-altercation in contact P- cup cleaned w H ₂ O ₂ , ^o /m cleared for lock up.		
	Jain J Stennard ERB		

YORK COUNTY PRISON
CLASSIFICATION / WORK BOARD APPEAL

Desmond Gayle #55438
Inmate's Name

Date 6/21/01

NSB 8B
Inmate's Location

I wish to appeal the decision of the Classification Committee. My reason for the appeal is as follows:

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Inmate's Signature

CLASSIFICATION / WORK BOARD APPEAL RESPONSE
Date 6/21/01

I have reviewed your appeal and my response is as follows:

On 3/15/01 you were found guilty of Assault
with a weapon by the Disciplinary Hearing
Committee. You were sentenced to 60 days
in BAV. In addition you received another
write up this month.

You hit another inmate with a Map wrench
You will not be given a job.

Ray D. Thomas
Deputy Warden's Signature

YORK County Prison,
3460 Concord Road
YORK, P.A. 17402
Date, June, 6, 2001

To: the WARDEN.

MR, HOGAN, ID# 55438
YORK County, I.N.S# A74-891-110
Prison. DESMOND V. GAYLE

I AM NOT A Violent Person
Dear MR, HOGAN, I AM A Peace Maker
Good Day!

I AM sick of not doing Nothing
I have submitted an Application
for a Job in the Kitchen,
To Classification Counselor
Mrs ANGIE. I sent her a Copy of my
GED DIPLOMA; I got in your Prison
Please Sir! I am not Guilty of
the CRIMINAL charges I did time
for. At this present time, my
case is under Appeal, With An
HEARINGS CORPUS in the
United States District Court
Please! Please! Please! Sir Can I OBTAINED
A Job in the Kitchen. I will WORK to the
Best of my ABILITY, and TRY to keep it.

YORK COUNTY PRISONOFFICERS DAILY REPORTOfficers Name: TIMOTHY J. TURNERDate of Report: 4-8-01Offense or Subject Being Reported: CELLMATES ARGUINGDate of Incident: 4-8-01Time of Incident: 8:05 AMWho Involved: I/M(S) EDWIN PENA-PAULINO, DESMOND GAYLEWhere it Happened (Be Specific): IEB-2

What happened and how, if known:

(This space can be used for reporting General Daily Duties also)

ON ABOVE TIME AND DATE I WAS SUMMONED TO IEB #2 CELL TO TALK WITH ABOVE NAMED INMATES. I/M'S STATED THAT THEY WERE NOT GETTING ALONG, AND THAT THERE WAS A HISTORY OF PROBLEMS BETWEEN THEM FROM WHEN THEY WERE IN THE BLOCKS. I/M'S STATED THAT THEY HAD NO PROBLEMS BEING IN THE SAME POD, THEY JUST COULDN'T BE CELLIES. TO AVOID A POSSIBLE FIGHT I CALLED CAPT. FISHER AND HE GAVE ME AUTHORIZATION TO MOVE I/M GAYLE TO IEB-3A.

END OF
REPORT

Officer's Signature: Tim Turner #33

This report to be submitted to and commented or acted upon, by the Supervisor before forwarding to the Warden.

Supervisor's Comments: Inmate Laeshe was moved to IEB-3A
Forwarded to the warden officer B. Fisher

This form **NOT** to be used for reporting incidents **requiring disciplinary acts**. Use the Y.C.P. form #112 "Disciplinary Report" for all known violations that may require disciplinary action.

Copy to
Pena-Paulino's
Prison Report

York County Prison
Complaint Review System
(805 A) Deputy Warden Response

TO: Desmond Gayle
Inmate Name

Complaint Register # 050901 D

1EA 3A 55438
Inmate Location

Date 5/14/01

I have reviewed your grievance and my response is as follows:

The Medical Department is aware of your medical condition and your medications. It is not felt that either your condition or your medication requires a cotton candy. It is noted that you haven't ever submitted a sick call slip for this. That is the first step.

Inmate Keeps Yellow Copy
Send Original & Pink To Deputy Warden

Deputy Warden
Deputy Warden

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DESMOND V. GAYLE
Plaintiff,

v.

WARDEN HOGAN and
DEPUTY BOWEN,
Defendants.

CIVIL NO. 3:CV-01-1282

(JUDGE WILLIAM W. CALDWELL)

CERTIFICATE OF SERVICE

I, Donald L. Reihart, Esquire, Assistant Solicitor for York County, hereby certify that a true and correct copy of the foregoing Affidavit of Dennis Bowen, in Support of Motion for Summary Judgment, was caused to be served on the date shown below by depositing same in the United States mail, first-class, postage prepaid, addressed as follows:

Desmond Gayle
Tangiparua Parish Prison
P.O. Box 250
Amite, LA 70422

Respectfully submitted,

By: 

Donald L. Reihart, Esq.
Sup. Ct. I.D. #07421
2600 Eastern Boulevard, Suite 204
York, PA 17402-2904
Telephone (717) 755-2799

Date: 8-21-02

Assistant Solicitor for York County